

Reform would benefit GPs and patients

Health Secretary Jeremy Hunt made a speech a couple of weeks ago in which he said that general practice will be one of the Government's top priorities during this parliament.

He does seem to recognise that investment is needed to reverse the decline in the share of the NHS budget going into general practice from 11% to 8%. Reform is necessary to both improve patient experience and GP working lives.

Is the NHS bad?

No. Internationally, our primary care system has long been respected and envied. The Commonwealth Fund ranks all major countries on their health systems and it is well known that the UK came top overall last year.

Less well-known is that the UK scored best on the quality of general practice.

We rank:

■ Best in the world for having a regular doctor who co-ordinates care.

■ Best in the world for patients knowing who to contact with questions about their condition or treatment.

■ Best in the world for the management of chronic care.

A GP's diagnosis

John Havard



In other words, independent American assessment states that general practice is the jewel in the crown of our NHS.

If primary care is so good then why meddle?

While the strategic importance of general practice to the NHS cannot be overstated, there is a dangerous storm brewing. Within five years we will be looking after a million more over 70s. The number of people with three or more long-term conditions is set to increase by 50% to nearly 3million by 2018.

By 2020 there will be nearly 100,000 more people who will need to be cared for at home.

Put simply, if we do not find better, smarter ways to help our growing elderly population remain healthy and independent our hospitals will be overwhelmed – which is why we need effective, strong and expanding general practice more than ever before in the history of the NHS.

What is he suggesting?

The priorities for reform include using the skills of all members of the primary care team and embracing the opportunities offered by information technologies. The priorities for investment include recruiting more staff to work in general practice and modernising premises.

The importance of the practice and registered list as the organising principle of primary care should never be underestimated. At the same time, the potential benefits of working at scale in federations are considerable. These benefits include offering access to patients

outside normal working hours by taking shared responsibility for seven-day working and providing a wider range of services than most practices are able to deliver on their own. The downside includes loss of continuity for patients, and reduced autonomy for GPs in a more organised model of family medicine. It is particularly important that the discretionary effort GPs have traditionally put into running practices they own is not lost.

Could there be seriously different changes ahead?

The bigger prize on offer from new ways of organising general practice is for GPs to lead the development of integrated out-of-hospital services. These networks would be led by GPs and encompass a range of community services, out-of-hours primary care, and some specialist services usually provided in hospitals. This new contract could offer funding for a much wider range of services than usually provided by practices and would be linked to the delivery of outcomes including access to care, patient experience, and clinical quality.

New models of integrated out-of-hospital services are best led by the federations, networks and super practices. Family care

network models proposed by The Kings Fund could also improve the working lives of GPs by offering flexible working arrangements. This is critical if general practice is to be an attractive choice for newly qualified doctors and to offer job satisfaction for GPs later in their careers.

What else is likely to alter?

We are likely to see more email and telephone consultations and also more skills in the primary care team, including medical assistants and pharmacists. It seems clear that we have to cope with new demands differently and imaginatively not just more people doing the same job.

Will it work?

The new ideas afoot need to be embraced by doctors themselves but the Royal College of General Practitioners started positively back in 2008 by endorsing GP Federations like our own Suffolk GP Federation – the largest in the land. Now more than ever the medical profession needs to tuck up with reforms which are good for patients – and also for doctors so we can attract more into primary Care. We do not want headlines like last week of 'Two GPs left to look after 10,000 patients'.



■ Health Secretary Jeremy Hunt.

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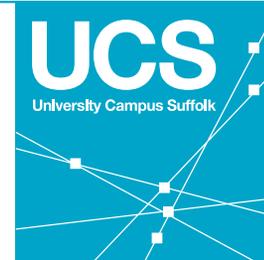
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